

Fill in this information to identify the case:

Debtor name The College of Saint Rose

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 24-11131

☐ Check if this is an
amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 21,929,077.14
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 21,929,077.14

Part 2: Summary of Liabilities

2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 50,666,558.00
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 432,375.04
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 2,082,005.79
4. Total liabilities Lines 2 + 3a + 3b	\$ 53,180,938.83

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest
\$0.00

2. **Cash on hand**

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**
Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account
number

3.1. **See Attachment A/B 3**

\$3,159,367.69

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,159,367.69

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. **United Educators**

\$625,107.99

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

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8.1. Travelers Insurance - Workers Compensation 2024 \$68,549.07

8.2. Ferrilli- Software Vendor \$4,400.00

8.3. Kessler PR Group- Public Relations Consultant \$48,000.00

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$746,057.06

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 347,096.59 - 0.00 = \$347,096.59
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$347,096.59

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

Valuation method used
for current value

Current value of
debtor's interest

14. **Mutual funds or publicly traded stocks not included in Part 1**
Name of fund or stock:

14.1. See Attachment A/B 14 \$16,036,135.31

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**
Name of entity: % of ownership

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$16,036,135.31

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

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- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Printing, HVAC, Electrical, Plumbing, Custodial Supplies		\$226,958.69		\$226,958.69
23.	Total of Part 5. Add lines 19 through 22. Copy the total to line 84.				\$226,958.69
24.	Is any of the property listed in Part 5 perishable? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
25.	Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current Value _____				
26.	Has any of the property listed in Part 5 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture, Dormitory Furniture, Classroom Furniture, Bookstore Shelving, Sanctuary Furnishings	\$377,877.28		\$377,877.28
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computers, Monitors, Servers	\$1,669.00		\$1,669.00

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Postage Meter, Ink Tank	\$2,442.01	\$2,422.01
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42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1. Artwork- See Schedule A/B 42.1	\$69,600.00	\$69,600.00
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42.2. Rare Books- See Schedule A/B 42.2	\$0.00	\$0.00
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42.3. Library Books- See Schedule A/B 42.3	\$7,204.04	\$7,204.04
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42.4. Pianos- See Schedule A/B 42.4	\$0.00	\$0.00
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42.5. Athletic Equipment- See Schedule A/B 42.5	\$0.00	\$0.00
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42.6. Symbolic Artifacts- See Schedule A/B 42.6	\$0.00	\$0.00
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43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$458,772.33

44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No

☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1. See Schedule A/B 47	\$38,920.00	\$38,920.00
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48. Watercraft, trailers, motors, and related accessories *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm

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machinery and equipment)
Maintenance Equipment

\$103,000.23

\$103,000.23

51. Total of Part 8.

\$141,920.23

Add lines 47 through 50. Copy the total to line 87.

52. Is a depreciation schedule available for any of the property listed in Part 8?

☐ No

☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

55.1.

See Attachment A/B
55

Nature and extent of debtor's interest in property

Fee

Net book value of debtor's interest (Where available)

\$0.00

Valuation method used for current value

Current value of debtor's interest

\$0.00

56. Total of Part 9.

\$0.00

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?

☐ No

☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

60. Patents, copyrights, trademarks, and trade secrets

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61. Internet domain names and websites
www.strose.edu; www.gogoldenknights.com;
www.strosechronicle.com

\$0.00

\$0.00

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☐ No

☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No

☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of
debtor's interest

71. Notes receivable
Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)
Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

Life Insurance Policy- Joyce Grogan

\$500,000.00

74. Causes of action against third parties (whether or not a lawsuit
has been filed)

75. Other contingent and unliquidated claims or causes of action of
every nature, including counterclaims of the debtor and rights to
set off claims

Beneficiary of Estate of Richard Heuther (in litigation)
(Restricted Endowment)

Nature of claim

Amount requested

\$0.00

\$0.00

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76. **Trusts, equitable or future interests in property**
Beneficiary of Estate of Walter Hahn (payable upon
death of 2 life estates)

\$312,769.24

77. **Other property of any kind not already listed** *Examples: Season tickets,*
country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$812,769.24

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form
Type of property

Current value of
personal property

Current value of real
property

80. Cash, cash equivalents, and financial assets.
Copy line 5, Part 1

\$3,159,367.69

81. Deposits and prepayments. Copy line 9, Part 2.

\$746,057.06

82. Accounts receivable. Copy line 12, Part 3.

\$347,096.59

83. Investments. Copy line 17, Part 4.

\$16,036,135.31

84. Inventory. Copy line 23, Part 5.

\$226,958.69

85. Farming and fishing-related assets. Copy line 33, Part 6.

\$0.00

86. Office furniture, fixtures, and equipment; and collectibles.
Copy line 43, Part 7.

\$458,772.33

87. Machinery, equipment, and vehicles. Copy line 51, Part 8.

\$141,920.23

88. Real property. Copy line 56, Part 9.....>

\$0.00

89. Intangibles and intellectual property. Copy line 66, Part 10.

\$0.00

90. All other assets. Copy line 78, Part 11.

+ \$812,769.24

91. Total. Add lines 80 through 90 for each column

\$21,929,077.14

+ 91b.

\$0.00

92. Total of all property on Schedule A/B. Add lines 91a+91b=92

\$21,929,077.14

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 Canon Financial Services Creditor's Name 14904 Collections Center Drive Chicago, IL 60693 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2020 Last 4 digits of account number 7002 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Office Equipment Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$590,558.00	\$0.00
2.2 City of Albany Creditor's Name Capital Resource Corporation 285 Delaware Avenue, 3rd Floor Buffalo, NY 14202 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2021 Last 4 digits of account number	Describe debtor's property that is subject to a lien See Attachment D2 Describe the lien Mortgage Liens Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$50,076,000.00	\$0.00

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Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$50,666,558.
00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fleischer, Fleischer & Suglia, P.C.
Brian M. Fleischer, Esq.,
Four Greentree Center, 601 Route 73 N.
Marlton, NJ 08053

Line **2.1**

P. Miyoko Sato Esq.
Mintz, Levin, Cohn, Ferris,
Glovsky & Popeo PC-One Financial Center
Boston, MA 02111

Line **2.2**

Fill in this information to identify the case:

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Department of Labor Unemployment Insurance PO Box 4301 Binghamton, NY 13902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$432,375.04
	Date or dates debt was incurred July-Sept. 2024	Basis for the claim: Unemployment Insurance July 2024 to Sept 2024	\$432,375.04
	Last 4 digits of account number 4301 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Adam Tegnander 5 Weston Dr Clifton Park, NY 12065-6023	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred Last 4 digits of account number	Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Adrian Donnelly 12 Hillview Ter Castleton On Hudson, NY 12033-1404	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred Last 4 digits of account number	Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.3	Nonpriority creditor's name and mailing address Alattia Myers 59 Beverly Ave Albany, NY 12206-3215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,286.00
<hr/>			
3.4	Nonpriority creditor's name and mailing address Alexander Zavadil 223 Ballston Ave Ballston Spa, NY 12020-3607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.00
<hr/>			
3.5	Nonpriority creditor's name and mailing address Alexander Zavadil 223 Ballston Ave Ballston Spa, NY 12020-3607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
<hr/>			
3.6	Nonpriority creditor's name and mailing address Alexandra Nelson 43A Edward Street Cohoes, NY 12047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,251.77
<hr/>			
3.7	Nonpriority creditor's name and mailing address Allyson Hobarth 128 W Wendell St Endicott, NY 13760-4056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.23
<hr/>			
3.8	Nonpriority creditor's name and mailing address Alp Gulden 181 S Main St Sherborn, MA 01770-1427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$454.00
<hr/>			
3.9	Nonpriority creditor's name and mailing address American Indian Library Association PO Box 41296 San Jose, CA 95160-1296 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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3.10 Nonpriority creditor's name and mailing address

Amy Hunter
9661 Buttonbush Pl
Brewerton, NY 13029-9429

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$250.00

3.11 Nonpriority creditor's name and mailing address

Amy Romat
11245 State Route 9
Champlain, NY 12919-5045

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$78.75

3.12 Nonpriority creditor's name and mailing address

Ann Neilson
PO Box 171
Schaghticoke, NY 12154

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$132.23

3.13 Nonpriority creditor's name and mailing address

Anna Giardenelli
2004 Anthony Dr
Schenectady, NY 12303-4504

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$100.00

3.14 Nonpriority creditor's name and mailing address

Ave Sibaja
448 4th St Fl 2
Troy, NY 12181-5325

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$86.25

3.15 Nonpriority creditor's name and mailing address

Belfor USA Group Inc
2191 Central Avenue
Schenectady, NY 12304

Date(s) debt was incurred _

Last 4 digits of account number **4640**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Base Repairs to St. Joe's Flood Completed**

Is the claim subject to offset? ☒ No ☐ Yes

\$3,293.62

3.16 Nonpriority creditor's name and mailing address

BND Inc.
PO Box 80445 Taylors Bridge Rd
Townsend, DE 19734

Date(s) debt was incurred _

Last 4 digits of account number **6722**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: **Contract Termination**

Is the claim subject to offset? ☒ No ☐ Yes

\$19,680.00

Debtor **The College of Saint Rose**
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3.17 Nonpriority creditor's name and mailing address
Brendan Stout
6 Overlook Ave
Greenwich, NY 12834-4001
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$32.19

3.18 Nonpriority creditor's name and mailing address
Bruce Scott
205 Consaul Rd
Albany, NY 12205-3607
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$99.40

3.19 Nonpriority creditor's name and mailing address
Cameron Myers
109 Severson Ave
Altamont, NY 12009-7725
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$19.00

3.20 Nonpriority creditor's name and mailing address
Carley Natosi
25 Howell Pl
Kearny, NJ 07032-3612
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$18.28

3.21 Nonpriority creditor's name and mailing address
Carlos Menjivar
40 Oakwood St
Albany, NY 12208-2421
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$428.83

3.22 Nonpriority creditor's name and mailing address
Carlos Menjivar
40 Oakwood St
Albany, NY 12208-2421
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$36.57

3.23 Nonpriority creditor's name and mailing address
Carlos Menjivar
40 Oakwood St
Albany, NY 12208-2421
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$193.94

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3.24	Nonpriority creditor's name and mailing address Carrie Harris 2 Merrall Dr Clifton Park, NY 12065-7225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.25	Nonpriority creditor's name and mailing address Chartrand, Shelly 7 Artillery Approach Mechanicville, NY 12118-3527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.26	Nonpriority creditor's name and mailing address Chelsea Murphy 25 Hiawatha Dr Clifton Park, NY 12065-7725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.27	Nonpriority creditor's name and mailing address ChemSearchFE 236261 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number <u>5766</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,916.96
3.28	Nonpriority creditor's name and mailing address Christian Morrison 1 Nates Ct Burnt Hills, NY 12027-6711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.29	Nonpriority creditor's name and mailing address Chumani Ketcham 1188 County Route 7 Hannibal, NY 13074-3303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.54
3.30	Nonpriority creditor's name and mailing address Constellation NewEnergy Inc PO Box 4640 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number <u>6701</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract Termination</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,689.36

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3.31	Nonpriority creditor's name and mailing address County Waste - Clifton Park A Waste Connections Company PO Box 431 Clifton Park, NY 12065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Waste Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,684.58
3.32	Nonpriority creditor's name and mailing address Crown Castle Fiber, LLC PO Box 32102 New York, NY 10087 Date(s) debt was incurred ____ Last 4 digits of account number <u>0936</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract Termination</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,894.71
3.33	Nonpriority creditor's name and mailing address Daniel Carr 859 Myrtle Ave Albany, NY 12208-2607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.56
3.34	Nonpriority creditor's name and mailing address Danielle Gill 34 Curt Blvd Saratoga Springs, NY 12866-8913 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.75
3.35	Nonpriority creditor's name and mailing address Danielle Hunt 1122 Sheldon Dr Altamont, NY 12009-4308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.36	Nonpriority creditor's name and mailing address David Considine 14 Windsor Ct Delmar, NY 12054-4304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.37	Nonpriority creditor's name and mailing address David Travers 795 Western Tpke Duanesburg, NY 12056-3801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.00

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3.38	Nonpriority creditor's name and mailing address Deanna R. Rochester 414 Fox Pointe Dr Dover, DE 19904-1416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$18.75</u>
3.39	Nonpriority creditor's name and mailing address Deanna R. Rochester 414 Fox Pointe Dr Dover, DE 19904-1416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$37.50</u>
3.40	Nonpriority creditor's name and mailing address Deborah Carter 775 Myrtle Ave Albany, NY 12208-2621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$80.50</u>
3.41	Nonpriority creditor's name and mailing address Donna Kirker 21 Mallard Dr Rexford, NY 12148-1515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50.00</u>
3.42	Nonpriority creditor's name and mailing address Dump It, LLC 5 Exchange Street Albany, NY 12205 Date(s) debt was incurred ____ Last 4 digits of account number <u>3268</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,080.00</u>
3.43	Nonpriority creditor's name and mailing address EAB PO Box 603519 Charlotte, NC 28260 Date(s) debt was incurred ____ Last 4 digits of account number <u>1404</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract Termination</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$503,756.03</u>
3.44	Nonpriority creditor's name and mailing address Elizabeth Evans 22 Lois Ct Albany, NY 12205-2442 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$44.79</u>

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3.45	Nonpriority creditor's name and mailing address Elizabeth Power 7403 Wells Blvd Hyattsville, MD 20783-1921 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$72.30</u>
<hr/>			
3.46	Nonpriority creditor's name and mailing address Elizabeth Willis 16 Pinewood Dr Schenectady, NY 12302-4714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$250.00</u>
<hr/>			
3.47	Nonpriority creditor's name and mailing address Emelie Engstrom East 81st St New York, NY 10028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50.00</u>
<hr/>			
3.48	Nonpriority creditor's name and mailing address Emily Pinkerton 275 Woodlawn Ave Albany, NY 12208-2503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$350.00</u>
<hr/>			
3.49	Nonpriority creditor's name and mailing address Emma Tuey 270 Broome St Catskill, NY 12414-2034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$29.70</u>
<hr/>			
3.50	Nonpriority creditor's name and mailing address Emma Tuey 270 Broome St Catskill, NY 12414-2034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$19.80</u>
<hr/>			
3.51	Nonpriority creditor's name and mailing address Emma Yakalis 82 North St Apt 2 Walton, NY 13856-1340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$90.00</u>

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3.52	Nonpriority creditor's name and mailing address Erin Lyke 1087 Scott Greene Rd Roxbury, NY 12474-1472 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$277.05
3.53	Nonpriority creditor's name and mailing address Fatima Khaleel 436 Elk St Albany, NY 12206-2703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.33
3.54	Nonpriority creditor's name and mailing address Fatima Khaleel 436 Elk St Albany, NY 12206-2703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.33
3.55	Nonpriority creditor's name and mailing address FirstLight Fiber PO Box 1301 Williston, VT 05495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract Termination</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,719.39
3.56	Nonpriority creditor's name and mailing address FirstLight Fiber PO Box 1301 Williston, VT 05495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>October Monthly Services for Telephone and Internet</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,715.84
3.57	Nonpriority creditor's name and mailing address Franchezca Lesley Aimee Braceros 6 Felicia Ct Albany, NY 12205-4419 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.20
3.58	Nonpriority creditor's name and mailing address Frank Ahearn 2520 Cypress Island Ct Wellington, FL 33414-7000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00

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3.59	Nonpriority creditor's name and mailing address Gabriella George 374 Morris St Albany, NY 12208-3326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7.28</u>
<hr/>			
3.60	Nonpriority creditor's name and mailing address Gia Gencic 9221 Sienna Vista Dr Las Vegas, NV 89117-7032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$365.00</u>
<hr/>			
3.61	Nonpriority creditor's name and mailing address Gina E. Zuckrow 2 Graham Pl Ellenville, NY 12428-5616 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$451.40</u>
<hr/>			
3.62	Nonpriority creditor's name and mailing address Greater Worchester Community Foundation 1 Mercantile Street, Ste. 010 Worcester, MA 01608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
<hr/>			
3.63	Nonpriority creditor's name and mailing address Haleigh S. Rojas 255 Patroon Creek Blvd Albany, NY 12206-5045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$125.00</u>
<hr/>			
3.64	Nonpriority creditor's name and mailing address Hannah Deetz 101 Craigie Ave Scotia, NY 12302-1213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$53.57</u>
<hr/>			
3.65	Nonpriority creditor's name and mailing address Hannah Deetz 101 Craigie Ave Scotia, NY 12302-1213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$53.57</u>

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3.66	Nonpriority creditor's name and mailing address Hannah Deetz 101 Craigie Ave Scotia, NY 12302-1213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.16
<hr/>			
3.67	Nonpriority creditor's name and mailing address Hannah Liscomb 34 Pine Dr N Nassau, NY 12123-9739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
<hr/>			
3.68	Nonpriority creditor's name and mailing address Heather Fronckowiak 16 Powerhouse Rd Schaghticoke, NY 12154-4001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.67
<hr/>			
3.69	Nonpriority creditor's name and mailing address Heather M. Tarbox 22 Daytona Ave Albany, NY 12203-2517 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$303.00
<hr/>			
3.70	Nonpriority creditor's name and mailing address Heidi Peratikos 25 Queen Anne Ln Wappingers Falls, NY 12590-6013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
<hr/>			
3.71	Nonpriority creditor's name and mailing address Hellen Jumo 23 Cummings Rd Apt 6 Brighton, MA 02135-7348 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.68
<hr/>			
3.72	Nonpriority creditor's name and mailing address Hessem Loayza-Ladcani 61 Anchor Ln Levittown, NY 11756-4434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00

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3.73	Nonpriority creditor's name and mailing address Hosanna G. Davis 571 Center Cambridge Rd Cambridge, NY 12816-1905 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.75
<hr/>			
3.74	Nonpriority creditor's name and mailing address Hunter Devins 3040 State Route 3 Cadyville, NY 12918-1729 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
<hr/>			
3.75	Nonpriority creditor's name and mailing address Ilia Bakhriev 202 Ontario St Fl 2 Albany, NY 12203-1310 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$772.00
<hr/>			
3.76	Nonpriority creditor's name and mailing address iWave Information Systems, Inc. 182-134 Kent Street, 2nd Level Charlottetown, PE C1A8R8 Canada Date(s) debt was incurred _ Last 4 digits of account number <u>6224</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract Termination</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,972.90
<hr/>			
3.77	Nonpriority creditor's name and mailing address Jaime Iglehart 491 State St Apt 3A Albany, NY 12203-1019 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
<hr/>			
3.78	Nonpriority creditor's name and mailing address Janice Jenkins 1216 Arley Ct Valley Stream, NY 11580-1415 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$547.00
<hr/>			
3.79	Nonpriority creditor's name and mailing address Jannetta Briscoe 437 Arthur St Schenectady, NY 12306-3113 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

3.80	Nonpriority creditor's name and mailing address Jason Landry 435 East Ave Lewiston, ME 04240-4739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<hr/>			
3.81	Nonpriority creditor's name and mailing address Jaysalee Salcedo 174 Jefferson St Apt 1 Brooklyn, NY 11206-6301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.50
<hr/>			
3.82	Nonpriority creditor's name and mailing address Jeffrey Gelinas 17 Ingersoll Dr Westfield, MA 01085-4922 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
<hr/>			
3.83	Nonpriority creditor's name and mailing address Jeffrey Palmer 105 Manning Blvd Apt 1 Albany, NY 12203-1739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.38
<hr/>			
3.84	Nonpriority creditor's name and mailing address Jenna R. Muckle 272 Stuffle St Cropseyville, NY 12052-2619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378.48
<hr/>			
3.85	Nonpriority creditor's name and mailing address Jennifer Lane-Byrne 1210 Hyman Ave Bay Shore, NY 11706-5342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
<hr/>			
3.86	Nonpriority creditor's name and mailing address Jessica Litt 409 Hackett Blvd Albany, NY 12208-1636 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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Name

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3.87 Nonpriority creditor's name and mailing address

Jill Hepp
23 W Sky Ln
Clifton Park, NY 12065-6774

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Uncashed Check

Is the claim subject to offset? ☒ No ☐ Yes

\$633.97

3.88 Nonpriority creditor's name and mailing address

Jill Hepp
23 W Sky Ln
Clifton Park, NY 12065-6774

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Uncashed Check

Is the claim subject to offset? ☒ No ☐ Yes

\$431.34

3.89 Nonpriority creditor's name and mailing address

Joanna Forrest
79 Locust Ave
Oakdale, NY 11769-1604

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Uncashed Check

Is the claim subject to offset? ☒ No ☐ Yes

\$25.95

3.90 Nonpriority creditor's name and mailing address

John Ciano
121 Vermont View Dr
Watervliet, NY 12189-1040

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Uncashed Check

Is the claim subject to offset? ☒ No ☐ Yes

\$1,116.33

3.91 Nonpriority creditor's name and mailing address

John Dzurica
35 Pyramid Pines Est
Saratoga Springs, NY 12866-9428

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Uncashed Check

Is the claim subject to offset? ☒ No ☐ Yes

\$66.74

3.92 Nonpriority creditor's name and mailing address

Jonathan DiMario
60-24 68th St
Maspeth, NY 11378

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Uncashed Check

Is the claim subject to offset? ☒ No ☐ Yes

\$5.00

3.93 Nonpriority creditor's name and mailing address

Josie Mertz
305 Fall Creek Ter
Stroudsburg, PA 18360-9278

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Uncashed Check

Is the claim subject to offset? ☒ No ☐ Yes

\$2.71

Debtor	<u>The College of Saint Rose</u>	Case number (if known)	<u>24-11131</u>
Name			
3.94	Nonpriority creditor's name and mailing address Jovan Carpino 24A Greenlea Dr Clifton Park, NY 12065-5705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$180.00</u>
3.95	Nonpriority creditor's name and mailing address Julia Berak 31 Brookland Farms Rd Paughkeepsie, NY 12601-5822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$120.00</u>
3.96	Nonpriority creditor's name and mailing address Julia G. Fikar 87 S 3rd St Bethpage, NY 11714-2607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3.13</u>
3.97	Nonpriority creditor's name and mailing address Julia Gargano 123 Willard Ave Staten Island, NY 10314-2274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$399.74</u>
3.98	Nonpriority creditor's name and mailing address Julianne Keegan 14 Maple In Cohoes, NY 12047-2211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$600.00</u>
3.99	Nonpriority creditor's name and mailing address Julie Evans 39 S 3rd St Hudson, NY 12534-2124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$87.36</u>
3.100	Nonpriority creditor's name and mailing address Justin Simon 1026 Madison Ave Troy, NY 12180-5436 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$260.00</u>

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Name

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3.101 Nonpriority creditor's name and mailing address
Kari Francis
250 45th St Apt 2
Brooklyn, NY 11220-1006
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$78.40

3.102 Nonpriority creditor's name and mailing address
Katherine L. Rice
43 S Main St
Schaghticoke, NY 12154-4004
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$28.00

3.103 Nonpriority creditor's name and mailing address
Katherine L. Rice
43 S Main St
Schaghticoke, NY 12154-4004
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$56.00

3.104 Nonpriority creditor's name and mailing address
Kelly Fagan
2352 County Route 41
Greenville, NY 12083-4626
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$3.88

3.105 Nonpriority creditor's name and mailing address
Kevin Zou
1731 Bay Ridge Ave
Brooklyn, NY 11204-5016
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$130.00

3.106 Nonpriority creditor's name and mailing address
Kimani Glanville
1029 Delamont Ave
Schenectady, NY 12307-1801
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$25.00

3.107 Nonpriority creditor's name and mailing address
Laura Albright
8 Jefferson Rd
Glenmont, NY 12077-3302
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$250.00

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3.108	Nonpriority creditor's name and mailing address Liam Traynor 668 Birchwood Park Dr Middle Island, NY 11953-2631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.20
<hr/>			
3.109	Nonpriority creditor's name and mailing address Luisa Rivas Perez 65 Westerlo St Apt F Albany, NY 12202-2090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.86
<hr/>			
3.110	Nonpriority creditor's name and mailing address Macen Mero 87 Macey Ln Plattsburgh, NY 12901-5923 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
<hr/>			
3.111	Nonpriority creditor's name and mailing address Mack Cain PO Box 950 Oxford, NY 13830-0950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.75
<hr/>			
3.112	Nonpriority creditor's name and mailing address Madison Galvin 24 S Main Ave Albany, NY 12208-2618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.33
<hr/>			
3.113	Nonpriority creditor's name and mailing address Malak Talabah 299 Sherman St Albany, NY 12206-2513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.25
<hr/>			
3.114	Nonpriority creditor's name and mailing address Malak Talabah 299 Sherman St Albany, NY 12206-2513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.75

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

3.115 Nonpriority creditor's name and mailing address

Malak Talabah
299 Sherman St
Albany, NY 12206-2513

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$48.75

3.116 Nonpriority creditor's name and mailing address

Malcolm M. Moran
2161 Guilderland Ave
Schenectady, NY 12306-4434

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$45.00

3.117 Nonpriority creditor's name and mailing address

Malcolm M. Moran
2161 Guilderland Ave
Schenectady, NY 12306-4434

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$312.22

3.118 Nonpriority creditor's name and mailing address

Manideep Vanam
445 Livingston Ave Apt 2B
Albany, NY 12206-2815

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$3.33

3.119 Nonpriority creditor's name and mailing address

Margaret Fleming
15167 23rd Ave
Whitestone, NY 11357-3709

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$243.00

3.120 Nonpriority creditor's name and mailing address

Marguerite Vanden Wyngaard
14 Norwood Ave Fl 1
Albany, NY 12208-2815

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$1,724.21

3.121 Nonpriority creditor's name and mailing address

Maria Ollivierre
85 Coleman St
Dorchester, MA 02125-3178

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$69.17

Debtor **The College of Saint Rose**
Name

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3.122	Nonpriority creditor's name and mailing address Mark's Organic Pest Control 1 Poplar Avenue Troy, NY 12180 Date(s) debt was incurred ____ Last 4 digits of account number 1502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: September and October Pest Control Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
3.123	Nonpriority creditor's name and mailing address Marwan Hennawi 1 W Hills Pl Melville, NY 11747-4119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.124	Nonpriority creditor's name and mailing address Masconomet Regional Scholarship Foundati 20 Endicott Road Boxford, MA 01921 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.125	Nonpriority creditor's name and mailing address Matthew Akins 6039 Johnston Rd Slingerlands, NY 12159-9747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.126	Nonpriority creditor's name and mailing address Megan Dellaratta 67 Lebrun St Port Jeff Sta, NY 11776-3723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.11
3.127	Nonpriority creditor's name and mailing address Meghan Hom 400 E 50th St New York, NY 10022-8039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.128	Nonpriority creditor's name and mailing address MELISSA J. MARTINEZ / Aaron M Quinones 1375 Nelson Ave Apt 3J Bronx, NY 10452-2442 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.25

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3.129 Nonpriority creditor's name and mailing address

Melissa Van De Wal
18 Villa Ave
Albany, NY 12203-3214

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$25.00

3.130 Nonpriority creditor's name and mailing address

Mia Grassia
36 Hemlock Ln
Bay Shore, NY 11706-7811

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$100.00

3.131 Nonpriority creditor's name and mailing address

Michael Petrone
25 Durham Pl
Lake Grove, NY 11755-2847

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$50.00

3.132 Nonpriority creditor's name and mailing address

Michael Sutter Company
855 Sout 430 West
Heber City, UT 84032

Date(s) debt was incurred _

Last 4 digits of account number **8648**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$1,618.28

3.133 Nonpriority creditor's name and mailing address

Michelle Michaud
59 Amity St Apt 1
Cohoes, NY 12047-4102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$25.00

3.134 Nonpriority creditor's name and mailing address

Mikel Azcue
366 Western Ave
Albany, NY 12203-1402

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$288.00

3.135 Nonpriority creditor's name and mailing address

Miosotis Tennant
100 Union Dr Apt 415
Albany, NY 12208-3454

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$500.00

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3.136	Nonpriority creditor's name and mailing address Monitronics Dept CH 14321 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number <u>5192</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$42.90</u>
<hr/>			
3.137	Nonpriority creditor's name and mailing address Nathan Greene 28 Woodrow Ct Troy, NY 12180-2154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$72.12</u>
<hr/>			
3.138	Nonpriority creditor's name and mailing address Nathan Greene 28 Woodrow Ct Troy, NY 12180-2154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$52.45</u>
<hr/>			
3.139	Nonpriority creditor's name and mailing address Nathan Greene 28 Woodrow Ct Troy, NY 12180-2154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$26.23</u>
<hr/>			
3.140	Nonpriority creditor's name and mailing address National Grid Po Box 371376 Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electric and Gas Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,265.71</u>
<hr/>			
3.141	Nonpriority creditor's name and mailing address NRG Po Box 32179 New York, NY 10087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electric Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,938.38</u>
<hr/>			
3.142	Nonpriority creditor's name and mailing address NYC & URMG PO Box 95000-5430 Philadelphia, PA 19195 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Worker's Compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$85,497.00</u>

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3.143	Nonpriority creditor's name and mailing address NYS DOH Office of Health Insurance Progr 1 Commerce Plaza, 99 Washington Ave Albany, NY 12210-2822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.144	Nonpriority creditor's name and mailing address NYS Higher Education Services Corporation 99 Washington Avenu Albany, NY 12255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.145	Nonpriority creditor's name and mailing address NYS Office for People with Develomental Disabilites 500 Balltown Road Schenectady, NY 12304 Date(s) debt was incurred ____ Last 4 digits of account number <u>4901</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$803.57
3.146	Nonpriority creditor's name and mailing address Nyzair L Sheldon 5 Stephen St Albany, NY 12202-1512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.147	Nonpriority creditor's name and mailing address Olivia Lockwood 329 Stormville Mountain Rd Stormville, NY 12582-5521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.34
3.148	Nonpriority creditor's name and mailing address Opal Beyer 29 Clinton Ct Stillwater, NY 12170-1307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.149	Nonpriority creditor's name and mailing address Paige McCulloch 7 Lindberg Dr Latham, NY 12110-4105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.30

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3.150	Nonpriority creditor's name and mailing address Pam Smith 157 W 21st St Huntington Station, NY 11746-2121 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<hr/>			
3.151	Nonpriority creditor's name and mailing address Pension Benefit Guaranty Corp. P.O. Box 151750 Alexandria, VA 22315 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pension Plan Underfunding</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.152	Nonpriority creditor's name and mailing address Peter Anadio 1180 County Highway 122 Gloversville, NY 12078-6132 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.75
<hr/>			
3.153	Nonpriority creditor's name and mailing address Peter Anadio 1180 County Highway 122 Gloversville, NY 12078-6132 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,116.75
<hr/>			
3.154	Nonpriority creditor's name and mailing address Peter Post 9137 County Rd 6 North Augusta, ON KOK 1R0 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<hr/>			
3.155	Nonpriority creditor's name and mailing address Philip Hasin 723 State St Albany, NY 12203-1318 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
<hr/>			
3.156	Nonpriority creditor's name and mailing address Richard Bachan 1438 Schuyler St Schenectady, NY 12303-1025 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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3.157	Nonpriority creditor's name and mailing address SALLYANN GIESS 305 Sandidge Way Albany, NY 12203-3634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
3.158	Nonpriority creditor's name and mailing address Salvatore Canova 108 Roy St Massapequa, NY 11758-1628 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.159	Nonpriority creditor's name and mailing address Samantha E. Zimmerman 13 Frances Ln Kerhonkson, NY 12446-3204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.38
3.160	Nonpriority creditor's name and mailing address Samara Watson 50 Amsterdam Ave 13 G New York, NY 10023-7424 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.03
3.161	Nonpriority creditor's name and mailing address Sarah Heikkinen 342 Congress St Apt 2 Troy, NY 12180-4367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.99
3.162	Nonpriority creditor's name and mailing address Sarah Johnson 20 Plum Poppy S Ballston Spa, NY 12020-4437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.163	Nonpriority creditor's name and mailing address Sarah L. Mattison 366 Western Ave Albany, NY 12203-1402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.07

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3.164	Nonpriority creditor's name and mailing address Shavaria Perkins 26 Coachman Sq Clifton Park, NY 12065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
3.165	Nonpriority creditor's name and mailing address Shayna Ireland 49 Wineberry Ln Malta, NY 12020-4715 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.166	Nonpriority creditor's name and mailing address Silvia Mejia 46 Cardinal Ave Albany, NY 12208-2719 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$503.51
3.167	Nonpriority creditor's name and mailing address Sodexo Inc. & Associates PO Box 360170 Pittsburgh, PA 15251 Date(s) debt was incurred ____ Last 4 digits of account number <u>9678</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,187,686.08
3.168	Nonpriority creditor's name and mailing address Spectrum PO Box 6030 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.93
3.169	Nonpriority creditor's name and mailing address State of South Carolina Office of the Secretary of State 1205 Pendleton Street, Ste. 525 Columbia, SC 29201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Fine</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.170	Nonpriority creditor's name and mailing address Stephen Trempel 1058 Woodmere Dr Bethlehem, PA 18017-2338 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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3.171	Nonpriority creditor's name and mailing address Tanishq Iyengar Hamilton Township 166 Crest Avenue Trenton, NJ 08690-2104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.172	Nonpriority creditor's name and mailing address Tatiana Sierra-Rodriguez 295 Colonie St Apt 2E Albany, NY 12210-2561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.24
3.173	Nonpriority creditor's name and mailing address Tayler Silvano 16 W Erie St Apt 2 Albany, NY 12208-2404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.30
3.174	Nonpriority creditor's name and mailing address Teresa Kessler 11 Minnowbrook Ave Apt 1 Delmar, NY 12054-2939 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.00
3.175	Nonpriority creditor's name and mailing address Thomas Antorino 29 Gristmill Ln Halesite, NY 11743-2134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.176	Nonpriority creditor's name and mailing address Thomas H. Zaloga 17 Clifford Ave Latham, NY 12110-4401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.63
3.177	Nonpriority creditor's name and mailing address Thomas Hoffay 38 Shadow Wood Way Ballston Lake, NY 12019-1212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00

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3.178 Nonpriority creditor's name and mailing address

Thomas Jefferson University
4201 Henry Ave
Philadelphia, PA 19144-5409

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$250.00

3.179 Nonpriority creditor's name and mailing address

Thomas Kelsh
6131 Meadow Grove Loop
Wilmington, NC 28409

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$20.00

3.180 Nonpriority creditor's name and mailing address

Tia Monique L. Millwood
20 State St
Otisville, NY 10963-2355

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$13.00

3.181 Nonpriority creditor's name and mailing address

Tia Monique L. Millwood
20 State St
Otisville, NY 10963-2355

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$6.75

3.182 Nonpriority creditor's name and mailing address

TMA Systems, LLC
1876 Utica Square, Third Floor
Tulsa, OK 74114

Date(s) debt was incurred _

Last 4 digits of account number **4901**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$9,378.36

3.183 Nonpriority creditor's name and mailing address

Tracy Sitterly
5 Ridgefield Way
Watervliet, NY 12189-1667

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$50.00

3.184 Nonpriority creditor's name and mailing address

Tricia Pascucci
9 Walnut Rd
Mechanicville, NY 12118-3325

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Uncashed Check**

Is the claim subject to offset? ☒ No ☐ Yes

\$25.00

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

3.185	Nonpriority creditor's name and mailing address Trisha Vecchione 7 Moreland Ave Ithaca, NY 12110-4536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
<hr/>			
3.186	Nonpriority creditor's name and mailing address Tristan Kisling 56 Via Da Vinci Clifton Park, NY 12065-2906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
<hr/>			
3.187	Nonpriority creditor's name and mailing address Tucker Beaudoin 801 Rocky Ln Bennington, VT 05201-8427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.07
<hr/>			
3.188	Nonpriority creditor's name and mailing address U.S Department of Education 400 Maryland Avenue, SW Washington, DC 20202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Closed School Discharge Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.189	Nonpriority creditor's name and mailing address UHY, LLP PO Box 72243 Cleveland, OH 44192 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Auditing Services through 9/30/24</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,300.62
<hr/>			
3.190	Nonpriority creditor's name and mailing address Usherwood Office Technology 1005 W Fayette Street Syracuse, NY 13204 Date(s) debt was incurred ____ Last 4 digits of account number <u>2024</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>October Printing and Mail Room Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,758.08
<hr/>			
3.191	Nonpriority creditor's name and mailing address Verizon PO Box 408 Newark, NJ 07101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$249.06

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

3.192	Nonpriority creditor's name and mailing address Virginia Fontanilles 23 King Pl Westfield, MA 01085-2824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.193	Nonpriority creditor's name and mailing address Vital Records Control POBox 11407 Birmingham, AL 35246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.50
3.194	Nonpriority creditor's name and mailing address W DANIEL BILLINGTON DMD MS PLLC 2 Executive Park Dr. Albany, NY 12203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.08
3.195	Nonpriority creditor's name and mailing address Watermark Insights, LLC PO Box 736632 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number <u>4087.4964</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract Termination</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122,270.50
3.196	Nonpriority creditor's name and mailing address Yolanda Caldwell 43 Grafton Rd Glenmont, NY 12077-3135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.67
3.197	Nonpriority creditor's name and mailing address Yvonne Boyd 5 Jennings Dr Albany, NY 12204-1757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.198	Nonpriority creditor's name and mailing address Yvonne Boyd 5 Jennings Dr Albany, NY 12204-1757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

Debtor The College of Saint Rose Case number (if known) 24-11131
Name

3.199 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$68.75
Zachary R. Ebert
951 South St
Apulia Station, NY 13020-2007
Date(s) debt was incurred
Last 4 digits of account number
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Uncashed Check
Is the claim subject to offset? ☒ No ☐ Yes

3.200 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$17.22
Zachary T. Noll
23 Thatcher St
Selkirk, NY 12158-1764
Date(s) debt was incurred
Last 4 digits of account number
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Uncashed Check
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>U.S Dept of Education Fed. Student Aid</u> <u>NY/Boston School Participation Division</u> <u>32 Old Slip 25th Fl.</u> <u>New York, NY 10005</u>	Line <u>3.188</u> <input type="checkbox"/> Not listed. Explain <u> </u>	<u> </u>

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>432,375.04</u>
5b.	+ \$ <u>2,082,005.79</u>
5c.	\$ <u>2,514,380.83</u>

Fill in this information to identify the case:

Debtor name The College of Saint Rose

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 24-11131

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Annual Boiler Preventative Maintenance**

State the term remaining **12/31/2025**

List the contract number of any government contract

**Adirondack Combustion Technologies, Inc.
4488 Duaneburg Road
PO Box 278
Duaneburg, NY 12056**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Annual Fire Extinguisher Maintenance**

State the term remaining **6/30/2028**

List the contract number of any government contract

**Albany Fire Extinguisher
215 Watervliet Shaker Road
Watervliet, NY 12189**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Semi-Annual Kitchen Fire Suppression Maintenance**

State the term remaining **6/30/2028**

List the contract number of any government contract

**Albany Fire Extinguisher
216 Watervliet Shaker Road
Watervliet, NY 12189**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Internal Pipe Inspection and Gauge Replacement**

State the term remaining **6/30/2028**

List the contract number of any government contract

**Albany Fire Protection, Inc.
Avenue B, PO Box 429
Watervliet, NY 12189**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name Middle Name Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Annual Backflow test and inspection**

State the term remaining **6/30/2028**

List the contract number of any government contract

**Albany Fire Protection, Inc.
Avenue B, PO Box 429
Watervliet, NY 12189**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Quarterly Wet Pipe Sprinkler System test and Inspection**

State the term remaining **6/30/2028**

List the contract number of any government contract

**Albany Fire Protection, Inc.
Avenue B, PO Box 429
Watervliet, NY 12189**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Space Rental- Massry Center**

State the term remaining **10/21/24**

List the contract number of any government contract

**Albany Symphony Orchestra
19 Clinton Avenue
Albany, NY 12207**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Consignment agreement for sale of pianos**

State the term remaining

List the contract number of any government contract

**Artists Pianos
664 New Loudon Road, Suite 2
Latham, NY 12110**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Community solar distributed generation subscription**

State the term remaining **12/1/2024**

List the contract number of any government contract

**Bullrock
Bullrock Solar, LLC
145 Pine haven Shore Suite 1150
Shelburne, VT 05482**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest **Retirement Plan Advisory Services Agreement**

State the term remaining **12/31/2024**

List the contract number of any government contract

**Cap Financial Partners, LLC
D/B/A Captrust Financial Advisors
4208 Six Forks Road Suite 1700
Raleigh, NC 27609**

2.11. State what the contract or lease is for and the nature of the debtor's interest **Consignment Agreement for Artwork**

State the term remaining **1/31/25**

List the contract number of any government contract

**Carlsen Gallery Inc.
9931 State Route 32
Freehold, NY 12432**

2.12. State what the contract or lease is for and the nature of the debtor's interest **NYC teacher education**

State the term remaining **12/31/2026**

List the contract number of any government contract

**Center for Integrated Teacher Education, Inc. (CITE)
3305 Jerusalem Avenue
Wantagh, NY 11793**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Water treatment**

State the term remaining **6/30/2025**

List the contract number of any government contract

**ChemSearch Solutions
2727 Chemsearch Blvd
Irving, TX 75062**

2.14. State what the contract or lease is for and the nature of the debtor's interest **License Agreement: Signage in various locations**

State the term remaining **12/1/2030**

List the contract number of any government contract

**City of Albany
24 Eagle Street
Albany, NY 12207**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name Middle Name Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.15. State what the contract or lease is for and the nature of the debtor's interest **Signage right-of-way on Partridge**

State the term remaining **12/1/2030**

List the contract number of any government contract

**City of Albany
24 Eagle Street
Albany, NY 12207**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Collection and disposal of waste materials**

State the term remaining **6/30/2028**

List the contract number of any government contract

**County Waste & Recycling
(Master Service Agreement)
PO BOX 431
Clifton Park, NY 12065**

2.17. State what the contract or lease is for and the nature of the debtor's interest **Lab decommissioning**

State the term remaining

List the contract number of any government contract

**CT Male
50 Century Hill Drive
Latham, NY 12110**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Security Guards**

State the term remaining

List the contract number of any government contract

**DDCues LLC
2023 US 9
Round Lake, NY 12151**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Space Rental**

State the term remaining **10/30/2024**

List the contract number of any government contract

**Dormitory Authority of the State of
New York
516 Broadway
Albany, NY 12207**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.20. State what the contract or lease is for and the nature of the debtor's interest **Automated Logic Controls on equipment for facilities**

State the term remaining **6/30/2025**

List the contract number of any government contract

**Eastern Heating and Cooling Inc.
880 Broadway
Albany, NY 12207**

2.21. State what the contract or lease is for and the nature of the debtor's interest **Web services**

State the term remaining **6/30/2025**

List the contract number of any government contract

**Elevation 10000
13 Cornell Rd.
Latham, NY 12110**

2.22. State what the contract or lease is for and the nature of the debtor's interest **Banner Software Support Services Renewal Order Form**

State the term remaining **12/31/2024**

List the contract number of any government contract

**Ellucian Company LLC
2003 Edmund Halley Drive
Reston, VA 20191**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Firewall subscription**

State the term remaining **2/28/2025**

List the contract number of any government contract

**EPlus Technology Inc (Palo Alto)
13595 Dulles Technology Drive
Herndon, VA 20171**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Software License Agreement (Intellecheck)**

State the term remaining **3/31/2025**

List the contract number of any government contract

**Evisions, Inc.
1321 Upland Drive
PMB 20169
Houston, TX 77043**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.25. State what the contract or lease is for and the nature of the debtor's interest **Argos/Form Fusion software for printing and report pulling**

State the term remaining **6/30/2025**

List the contract number of any government contract

**Evisions, Inc.
1321 Upland Drive
PMB 20169
Houston, TX 77043**

2.26. State what the contract or lease is for and the nature of the debtor's interest **Banner DBA and Support services**

State the term remaining

List the contract number of any government contract

**Ferrilli
4 Kings Hwy E
Haddonfield, NJ 08033**

2.27. State what the contract or lease is for and the nature of the debtor's interest **Keltron Maintenance**

State the term remaining **9/12/2025**

List the contract number of any government contract

**Fire, Security & Sound Systems Inc.
4 Avis Drive, Suite 110
Latham, NY 12110**

2.28. State what the contract or lease is for and the nature of the debtor's interest **Master Dark Fiber Agreement, Master Service Agreement, Service Order agreement. Internet and Telephone Services.**

State the term remaining **3/20/2025**

List the contract number of any government contract

**First Light
41 State Street, Floor 10
Albany, NY 12207**

2.29. State what the contract or lease is for and the nature of the debtor's interest **Space Rental-Massry Center**

State the term remaining **12/15/24**

List the contract number of any government contract

**Friends of Chamber Music of Troy NY
PO Box 10191
Albany, NY 12201**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.30. State what the contract or lease is for and the nature of the debtor's interest **Insurance broker**

State the term remaining **6/30/2025**

List the contract number of any government contract

**Gallagher Risk Management
PO Box 39735
Chicago, IL 60694**

2.31. State what the contract or lease is for and the nature of the debtor's interest **Adobe Products and Services**

State the term remaining **8/31/2025**

List the contract number of any government contract

**GovConnection (NERCOMP Consortium)
732 Milford Road
Merrimack, NH 03054**

2.32. State what the contract or lease is for and the nature of the debtor's interest **Microsoft office suite**

State the term remaining **8/31/2025**

List the contract number of any government contract

**GovConnection (NERCOMP Consortium)
732 Milford Road
Merrimack, NH 03054**

2.33. State what the contract or lease is for and the nature of the debtor's interest **Community solar distributed generation subscription**

State the term remaining **3/17/2041**

List the contract number of any government contract

**Green Street Power Partner
335 Madison Avenue, 4th Floor
New York, NY 10017**

2.34. State what the contract or lease is for and the nature of the debtor's interest **Environmental systems maintenance**

State the term remaining **6/30/2027**

List the contract number of any government contract

**H.T Lyons
3 Rexford Way
Clifton Park, NY 12065**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.35. State what the contract or lease is for and the nature of the debtor's interest **Summary of Terms**

State the term remaining **1/20/2025**

List the contract number of any government contract

**Hope Solar Farm LLC
145 Pine Haven Shores Road, Suite 1150
Shelburne, VT 05482**

2.36. State what the contract or lease is for and the nature of the debtor's interest **Maintenance contract on one card building locking system**

State the term remaining **6/30/2027**

List the contract number of any government contract

**ISC
(Integrated Security & Communications)
5 Commerce Way, Ste 150
Trenton, NJ 08691**

2.37. State what the contract or lease is for and the nature of the debtor's interest **Landscaping and snow removal services (month to month)**

State the term remaining **6/30/2025**

List the contract number of any government contract

**LCS Landscapes
42 Cottage Street
Poughkeepsie, NY 12601**

2.38. State what the contract or lease is for and the nature of the debtor's interest **Internet Service Renewal**

State the term remaining

List the contract number of any government contract

**Level 3 Communications, LLC
PO Box 910182
Denver, CO 80291**

2.39. State what the contract or lease is for and the nature of the debtor's interest **Agreement - Discretionary Investment Management for Endowment Investments**

State the term remaining **3/29/2025**

List the contract number of any government contract

**LWV Advisors
67 Monroe Avenue
Pittsford, NY 14534**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name Middle Name Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.40. State what the contract or lease is for and the nature of the debtor's interest **Pest control for 80+ buildings**

State the term remaining **6/30/2026**

List the contract number of any government contract

**Mark's Organic Pest Control
1 Poplar Ave
Troy, NY 12180**

2.41. State what the contract or lease is for and the nature of the debtor's interest **Employee benefit mangager**

State the term remaining

List the contract number of any government contract

**Marshall and Sterling
30 Corporate Drive
Halfmoon, NY 12065**

2.42. State what the contract or lease is for and the nature of the debtor's interest **Diploma Printing and Diploma Distribution Agreement**

State the term remaining **4/25/2026**

List the contract number of any government contract

**Michael Sutter Company
855 South 430 West
Heber City, UT 84032**

2.43. State what the contract or lease is for and the nature of the debtor's interest **Statement of Work- Pension plan termination**

State the term remaining **12/31/2025**

List the contract number of any government contract

**Milliman, Inc
PO Box 75553
Chicago, IL 60675**

2.44. State what the contract or lease is for and the nature of the debtor's interest **Health insurance plan consultant**

State the term remaining **12/31/2024**

List the contract number of any government contract

**MVP Select Care
PO Box 26864
New York, NY 10087**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name Middle Name Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.45. State what the contract or lease is for and the nature of the debtor's interest **Degree Verify Agreement for Educational Recruitment**

State the term remaining

List the contract number of any government contract

**National Student Clearinghouse
2300 Dulles Station Boulevard, Suite 300
Herndon, VA 20171**

2.46. State what the contract or lease is for and the nature of the debtor's interest **Natural Gas - Renewal**

State the term remaining

12/31/24

List the contract number of any government contract

**NBR (fka Direct Energy Business
Marketing LLC dba Direct Energy Business
804 Carnegie Center Drive
Princeton, NJ 08540**

2.47. State what the contract or lease is for and the nature of the debtor's interest **Annual Subscription for Trustee meetings**

State the term remaining

6/29/2025

List the contract number of any government contract

**OnBoard
333 N Alabama Street, Suite 300
Indianapolis, IN 46204**

2.48. State what the contract or lease is for and the nature of the debtor's interest **Elevator Maintenance**

State the term remaining

List the contract number of any government contract

**Otis Elevator
20 Loudonville Road
Albany, NY 12204**

2.49. State what the contract or lease is for and the nature of the debtor's interest **Lifts: Lubricate and Survey Service**

State the term remaining

List the contract number of any government contract

**Otis Elevator
20 Loudonville Road
Albany, NY 12204**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.50. State what the contract or lease is for and the nature of the debtor's interest **Agreement - solar**

State the term remaining **1/17/2040**

List the contract number of any government contract

**Salmon River Solar LLC
PowerMarket
15 Metrotech Center, 19th Floor
Brooklyn, NY 11201**

2.51. State what the contract or lease is for and the nature of the debtor's interest **Community solar subscription agreement**

State the term remaining **3/31/2046**

List the contract number of any government contract

**Saratoga Solar II, LLC
Landmark Square, Suite 320
Stamford, CT 06901**

2.52. State what the contract or lease is for and the nature of the debtor's interest **Athletic Website Maintenance**

State the term remaining **6/30/2025**

List the contract number of any government contract

**Sidearms
109 S. Warren Street, Suite 600
Syracuse, NY 13202**

2.53. State what the contract or lease is for and the nature of the debtor's interest **Internet and security system**

State the term remaining

List the contract number of any government contract

**Spectrum
PO Box 6030,
Carol Stream, IL 60197**

2.54. State what the contract or lease is for and the nature of the debtor's interest **Solar Energy agreement**

State the term remaining **5/28/2025**

List the contract number of any government contract

**Sunvestment Energy Group
Bullrock Solar
45 Pine Haven Shores Road, Suite 1150
Shelburne, VT 05482**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.55. State what the contract or lease is for and the nature of the debtor's interest **1099-MISC/NEC, 1098 and 1095 Processing Services Agreement**

State the term remaining **12/31/2024**

List the contract number of any government contract

**Tab Service Company
310 S. Racine Avenue
Chicago, IL 60607**

2.56. State what the contract or lease is for and the nature of the debtor's interest **Carrier and Trane Chiller Preventative Maintenance**

State the term remaining **6/30/2025**

List the contract number of any government contract

**Tri County Refrigeration, Inc.
126 West Beecher Hill Road
Owego, NY 13827**

2.57. State what the contract or lease is for and the nature of the debtor's interest **Space Rental- Nolan Gymnasium**

State the term remaining **11/14/24**

List the contract number of any government contract

**University at Albany Athletics Departmen
1400 Washington Avenue
Albany, NY 12222**

2.58. State what the contract or lease is for and the nature of the debtor's interest **Printing and Mailing Service agreement (wind down extension)**

State the term remaining

List the contract number of any government contract

**Usherwood
1005 W Fayette Street
Syracuse, NY 13204**

2.59. State what the contract or lease is for and the nature of the debtor's interest **Inventory software**

State the term remaining **12/31/2024**

List the contract number of any government contract

**Vertere Data
747 Aquidneck Avenue
Middletown, RI 02842**

Debtor 1 **The College of Saint Rose**

Case number (if known) **24-11131**

First Name

Middle Name

Last Name



Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.60. State what the contract or lease is for and the nature of the debtor's interest **Third Party Elevator Inspections**

State the term remaining **7/30/2027**

List the contract number of any government contract

**Vertical Transportation Consulting LLC
430 Franklin Street
Schenectady, NY 12305**

2.61. State what the contract or lease is for and the nature of the debtor's interest **Community solar subscription agreement**

State the term remaining **12/19/2045**

List the contract number of any government contract

**Washington Avenue Solar
Landmark Square, Suite 320
Stamford, CT 06901**

2.62. State what the contract or lease is for and the nature of the debtor's interest **Business Associate Agreement**

State the term remaining **6/30/2025**

List the contract number of any government contract

**Zoom Video Communications Inc.
55 Almaden Blvd, Suite 600
San Jose, CA 95113**

Fill in this information to identify the case:

Debtor name The College of Saint Rose

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 24-11131

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name The College of Saint Rose

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 24-11131

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 7/01/2024 to Filing Date

☒ Operating a business
☐ Other _____

\$219,940.90

For prior year:
From 7/01/2023 to 6/30/2024

☒ Operating a business
☐ Other _____

\$66,627,231.97

For year before that:
From 7/01/2022 to 6/30/2023

☒ Operating a business
☐ Other _____

\$76,327,300.50

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

Description of sources of revenue

Gross revenue from
each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 7/01/2024 to Filing Date

Investment Income, Sale of
Assets, Fund-raising

\$569,769.19

For prior year:
From 7/01/2023 to 6/30/2024

Investment Income, Sale of
Assets, Fund-raising

\$6,896,860.23

For year before that:
From 7/01/2022 to 6/30/2023

Investment Income, Sale of
Assets, Fund-raising

\$6,397,661.39

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

Debtor **The College of Saint Rose**

Case number (if known) **24-11131**

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. See Attachment SOFA 3		\$4,824,320.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Marcia J. White 432 Western Avenue Albany, NY 12203 President	10/1/23-9/30/ 24	\$344,226.70	Compensation and Reimbursement of Expenses
4.2. Elizabeth Thomson 432 Western Avenue Albany, NY 12203 Secretary	10/1/23-9/30/ 24	\$299,374.96	Compensation and Reimbursement of Expenses
4.3. Debra Lee Polley 432 Western Avenue Albany, NY 12203 Treasurer	10/1/23-9/30/ 24	\$349,702.54	Compensation and Reimbursement of Expenses
4.4. Margaret McLane 432 Western Avenue Albany, NY 12203 Vice President	10/1/23-9/30/ 24	\$340,650.04	Compensation and Reimbursement of Expenses

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

Debtor The College of Saint Rose

Case number (if known) 24-11131

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
M&T as Administrative Agent for 2021 Bondholders	Sweep of 3 bank accoounts Last 4 digits of account number: _____	6/7/2024	\$3,853,320.28

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Barry Davis and Jaime Davis v. The College of Saint Rose	Loss due to Closing (\$5,000)	Albany City Court Small Claims Part 24 Eagle Street Albany, NY 12207	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Canon Financial Services v. The College of Saint Rose	Monies owed	United States District Court Northern District of New York James T. Foley Courthouse 445 Broadway, Room 347 Albany, NY 12207	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>			

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

Debtor The College of Saint Rose

Case number (if known) 24-11131

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Cullen and Dykman LLP 80 State Street, Suite 900 Albany, NY 12207	Includes \$25,000 Retainer	6/1/24-10/9/ 24	\$473,512.00

Email or website address

Who made the payment, if not debtor?

11.2.	FTI Consulting 16701 Medford Blvd, Ste 200 Bowie, MD 20715	Includes \$100,000 Retainer	6/1/24-10/9/ 24	\$462,385.70
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Email or website address

Who made the payment, if not debtor?

11.3.	Nolan Heller Kauffman, LLP 80 State Street, 11th Fl. Albany, NY 12207		8/1/24-10/9/ 24	\$59,754.50
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Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Debtor The College of Saint Rose

Case number (if known) 24-11131

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 See Attachment SOFA 13			\$3,832,020.77

Relationship to debtor

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address

Dates of occupancy
From-To

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor provides

If debtor provides meals
and housing, number of
patients in debtor's care

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained.

**Student Social Security Numbers, Drivers Licenses,
Tax Returns, Medical Records, Credit Card Information**

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

The College of Saint Rose 403(b) Retirement Plan

Employer identification number of the plan

EIN: 14-1338371

Has the plan been terminated?

☐ No

☒ Yes

Debtor The College of Saint Rose

Case number (if known) 24-11131

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	See Attachment SOFA 18	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____		\$114,827.43

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor **The College of Saint Rose**

Case number (if known) **24-11131**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Debra Lee Polley 432 Western Avenue Albany, NY 12203	1/13/17-10/9/24

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. UHY LLP 4 Tower Place Executive Park 7th Fl. Albany, NY 12203	07/01/22-10/9/24

Debtor **The College of Saint Rose**

Case number (if known) **24-11131**

Name and address

**Date of service
From-To**

26b.2. **Department of Veterans Affairs
Veterans Benefit Administration
Education Services
810 Vermont Avenue, NW
Washington, DC 20420**

**March 2024 to May
2024**

Name and address

**Date of service
From-To**

26b.3. **NYS Department of Financial Services
1 State Street
New York, NY 10004**

**March 2023 to July
2023**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

**If any books of account and records are
unavailable, explain why**

26c.1. **The College of Saint Rose
432 Western Avenue
Albany, NY 12203**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **See Attachment SOFA 26d**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory**

Date of inventory

**The dollar amount and basis (cost, market,
or other basis) of each inventory**

27.1 **Debra Lee Polley**

2024

**Name and address of the person who has possession of
inventory records**

**The College of Saint Rose
432 Western Avenue
Albany, NY 12203**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

**Position and nature of any
interest**

**% of interest, if
any**

Marcia J. White

**432 Western Avenue
Albany, NY 12203**

President

Debtor The College of Saint Rose

Case number (if known) 24-11131

Name	Address	Position and nature of any interest	% of interest, if any
Margaret McLane	432 Western Avenue Albany, NY 12203	Vice President	
Name	Address	Position and nature of any interest	% of interest, if any
Elizabeth Thomson	432 Western Avenue Albany, NY 12203	Secretary	
Name	Address	Position and nature of any interest	% of interest, if any
Debra Lee Polley	432 Western Avenue Albany, NY 12203	Treasurer	
Name	Address	Position and nature of any interest	% of interest, if any
Jeffrey Stone	432 Western Avenue Albany, NY 12203	Chair of Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Sr. Mary Anne Heenan	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Michelle Borisenok	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Sharon Duker	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Sr. Diane Zigo	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
James Barba	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Sr. Danielle Bonetti	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Rita Crotty	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Denise DiNoto	432 Western Avenue Albany, NY 12203	Board of Trustees	

Debtor The College of Saint RoseCase number (if known) 24-11131

Name	Address	Position and nature of any interest	% of interest, if any
Sr. Margaret Edic	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Ryan Halliday	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Sr. Katherine Hanley	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
George R. Hearst III	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Julie Massry Knox	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Sr. Joan Lescinski	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
I. Norman Massry	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Matthew Mataraso	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Lee McElroy, Jr.	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Daniel P. Nolan	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Kathleen Ricker	432 Western Avenue Albany, NY 12203	Board of Trustees	
Name	Address	Position and nature of any interest	% of interest, if any
Sr. Patricia St. John	432 Western Avenue Albany, NY 12203	Board of Trustees	

Debtor **The College of Saint Rose**

Case number (if known) **24-11131**

Name	Address	Position and nature of any interest	% of interest, if any
James Sandman	432 Western Avenue Albany, NY 12203	Board of Trustees	
Sr. J. Elizabeth Van Deusen	432 Western Avenue Albany, NY 12203	Board of Trustees	
Harold Williams	432 Western Avenue Albany, NY 12203	Board of Trustees	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Hai Ling	432 Western Avenue Albany, NY 12203	Board of Trustees	
Sr. Miriam Ukeritis	432 Western Avenue Albany, NY 12203	Board of Trustees	
Michael O'Hanlon	432 Western Avenue Albany, NY 12203	Board of Trustees	
Kevin O'Connor	432 Western Avenue Albany, NY 12203	Board of Trustees	

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Debtor The College of Saint Rose

Case number (if known) 24-11131

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value Compensation and Reimbursement of Expenses
30.1	Marcia J. White 432 Western Avenue Albany, NY 12203	\$344,226.70	10/1/23-9/30/24	
	Relationship to debtor <u>President</u>			
30.2	Elizabeth Thomson 432 Western Avenue Albany, NY 12203	\$299,374.96	10/1/23-9/30/24	Compensation and Reimbursement of Expenses
	Relationship to debtor <u>Secretary</u>			
30.3	Debra Lee Polley 432 Western Avenue Albany, NY 12203	\$349,702.54	10/1/23-9/30/24	Compensation and Reimbursement of Expenses
	Relationship to debtor <u>Treasurer</u>			
30.4	Margaret McLane 432 Western Avenue Albany, NY 12203	\$340,650.04	10/1/23-9/30/24	Compensation and Reimbursement of Expenses
	Relationship to debtor <u>Vice President</u>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

The College of Saint Rose Non-Contract Employees' Pension Plan

EIN: 14-1338371

Debtor The College of Saint Rose

Case number (if known) 24-11131

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 5, 2024

/s/ Marcia J. White

Signature of individual signing on behalf of the debtor

Marcia J. White

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes